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<b>APPLICANTS</b> Marcus Braun, Stuttgart-Vaihingen, GERMANY;				
<b>** CONTINUING DATA *****</b>				
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<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/17/2004</b>				
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<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> David M. Thimmig MAYER, BROWN, ROWE & MAW LLP P.O. Box 2828 Chicago, IL60690-2828				
<b>TITLE</b> SURGICAL INSTRUMENT				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	